

**THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF HEALTH
THE OFFICE OF PUBLIC HEALTH EMERGENCY PREPAREDNESS**

OPHEP *Review*

March 2005

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This Office of Public Health Emergency Preparedness newsletter was created to provide information on our highlighted projects as well as to describe who and what we are as an organization.

Assessment of Maine's Health System Capacity For Public Health Emergencies

The Bureau of Health has completed a draft version of the *Assessment of Maine's Health System Capacity for Public Health Emergencies*. The report is a comprehensive analysis of eight surveys and assessments of Maine's health care, public health and emergency management systems. The findings are compared to national standards and recommendations are provided to meet established public health emergency preparedness benchmarks.

Approximately 400 Maine health agencies participated in a Bureau of Health web-based health system assessment survey in the summer of 2003. In addition to hospitals; health centers, ambulatory care centers, behavioral health, and emergency medical services, contributed to the survey. Major findings from the analysis include the need for the following: communications (radio equipment), training, pharmaceuticals, patient isolation equipment, and personal protective equipment and decontamination supplies. The main barrier to public health emergency preparedness in Maine is the lack of institutionalized plans and procedures for sharing resources and personnel.

The report includes recommendations to purchase radios, follow Maine's bioterrorism and public health training plan, and create regional pharmaceutical and equipment caches. Connecting emergency plans across disciplines, establishing written agreements among agencies and using a systems approach linking resources will minimize consequences resulting from public health emergencies.

Flu Vaccine Update

In late December of 2004, eight clinics were sponsored by the Department of Health and Human Services (DHHS), Public Health Nursing. Clinics targeted at high risk populations were held in multiple locations across the State. The Maine Flu Vaccine Hotline was activated and staffed to schedule appointments for all clinic locations. During those eight clinics 1,291 people received their flu shot.

Ten additional DHHS clinics occurred in late January of 2005; again the Maine Flu Vaccine Hotline was able to assist by staffing phones to schedule appointments. At this point restrictions on flu vaccine had been lifted allowing a broad group of Maine resident's access to vaccine; 1,271 vaccinations were given. DHHS clinics allowed a total of 2,562 people to receive flu shots.

Several private clinics were also held during December and January; sponsors included the City of Bangor, City of Portland, Sacopee Valley Health Center, DFD Russell Medical Center, Harrington Family Health Center, Visiting Nurses Association of Southern Maine and Stephens Memorial Hospital.

At this time, the Department of Health and Human Services does not plan to sponsor any additional public flu vaccine clinics. There is still vaccine available, however. Primary care providers may still call the Bureau's Provider Hotline at 1-800-867-4775 to request vaccine for their practice.

If you are still unable to get a flu shot there are several things you can do to stay healthy:

- ➡ **Wash** your hands often.
- ➡ **Cover** coughs or sneezes with a tissue or sleeve.
- ➡ **Stay** home if you are ill.
- ➡ **Post** a sign on your door asking others to follow these steps.
- ➡ **Ask** your doctor about whether you are eligible for pneumonia vaccine.

For more information on Influenza in Maine and how to stay healthy during the flu season please visit our website at www.mainepublichealth.gov.

Maine Nurse Volunteer Corps

The threats to the health of populations due to natural and manmade disasters underscore the need for a sustainable mechanism to recruit, train and mobilize volunteer nurses for disaster response in Maine. Many nurses have expressed interest in participating in disaster response activities since the September 11, 2001 terror attacks but have not known how to get involved.

Recognizing this need, the Maine Bureau of Health (Office of Public Health Emergency Preparedness and Public Health Nursing) working in collaboration with the Maine State Board of Nursing proposed a partnership to 1) Educate nurses, both active and inactive, of the need for their skills in a disaster response; 2) Recruit and register nurses willing to volunteer for disaster response roles; and 3) Provide training opportunities for the nurse volunteers.

The Maine Nurse Volunteer Corps will strive to mobilize volunteer nurses to assist in public health emergencies by utilizing their skills and experience to staff mass immunization clinics and/or support large medication dispensing efforts. These duties would be in support of the statewide MEDS (Medical Emergency Distribution Systems) including the Strategic National Stockpile Program (SNS) and would increase the state's response capabilities for deployment of pharmaceuticals to individuals needing treatment. The initial response from Maine nurses has been phenomenal with currently over 200 nurses expressing interest. Presently registrations and informational letters are being finalized and will be mailed out in February. The Bureau of Health and its partners truly appreciate Maine nurses and their willingness to participate in this new and important initiative.

If you would like to learn more about the Maine Nurse Volunteer Corp please contact Jackie Roberson at jacquelyn.a.roberson@maine.gov.

Soon to be launched: Emergency Preparedness Exercise Tracking Database

The Office of Public Health Emergency Preparedness (OPHEP), through its various outreach efforts to communities, organizations and agencies in the past 2 years, has identified a need to have a centralized resource tool to track preparedness exercises across the state. To meet this need, OPHEP, contracted with the Maine Bureau of Information Services to design a user-friendly, password-protected database that could be used by preparedness planners across Maine.

This database is intended to be available to exercise planners across many disciplines: public health staff, hospitals, first responders (fire, ambulance etc.), County EMA Directors, rural health centers, public safety, utilities, non-profits, state agencies etc.

The purpose and usefulness of the database is threefold:

1. A centralized place to see what exercises are scheduled or have occurred across Maine;
2. A resource to avoid duplication of planning efforts by sharing information and exercise design among various exercise planners;
3. A resource to increase networking and participation of various organizations with one another in their respective preparedness exercises.

The database is expected to be online at the OPHEP website in March 2005. Contact Tara Ranks at 287-3252 or at Tara.Ranks@Maine.gov for further information.

Proposed Legislative Changes Related to Public Health

Several changes in Maine Statute concerning legal preparedness in the event of an extreme public health emergency are being proposed to the 122nd Legislature. These recommended changes are based upon input from the Bureau of Health, the Attorney General's Office, conversation's with

stakeholders concerning best practice within the state, and an analysis of legislation in other states. The current statutes can be found at <http://janus.state.me.us/legis/statutes/>.

Proposed changes to Title 22, Chapter 250 include:

- ➡ Elimination of the 10/31/05 sunset provision;
- ➡ Expansion for isolation or quarantine from public or private facilities to now include private homes;
- ➡ Granting authority to the Department of Health and Human Services (DHHS) to develop necessary rules to address the potential shortage of healthcare workers and procedures for dispensing drugs in the event of an extreme public health emergency;
- ➡ Language changes from medical provider to healthcare provider;
- ➡ Inclusion of medical laboratories as those agencies the DHHS may request information from;
- ➡ Provision of new definitions and notifiable diseases to include occupational and environmental diseases, hazards, and exposures;
- ➡ Elimination of the Medical Legal Advisory Panel; and
- ➡ Inclusion of confidentiality provisions to assure consistency with federal law.

Proposed changes to Title 22, Chapter 441 will require that human medical laboratories comply with public health reporting requirements. Finally, proposed changes to Title 26, Chapter 7 will provide protection from unfavorable employment actions for individuals quarantined or isolated during an extreme public health emergency. This would also extend to individuals caring for isolated or quarantined citizens. This proposal is modeled after legislation that was passed in Toronto as a result of SARS.

(Article taken from Central Maine Regional Resource Center Monthly Update February 2005 Edition)

Public Health Response Planning Process

The Office of Public Health Emergency Preparedness is leading a Bureau of Health planning process focused on building public health response capacity.

Recently, the Bureau of Health Incident Management Team (BOH-IMS) came together to develop a framework for using incident management in response to public health threats. The BOH-IMS team is based on a national system, and provides a means to coordinate efforts of individual programs and agencies as they work toward the common goal of stabilizing an incident. Individual role descriptions for BOH-IMS team members are being developed, along with a predetermined process for activating the team if the need were to arise. Ongoing efforts are centered on building detailed response plans for biological and/or chemical incidents that may occur, including Pandemic Influenza.

Planning is also underway for "awareness-level" public health emergency preparedness training for all Bureau of Health staff. Training will provide an overview of what a public health incident is and how the Bureau of Health responds to such incidents. Particular effort has been given to obtaining input from each Division within the Bureau to assure that training will be helpful and meaningful to all staff. Included is planning for how training will be presented to both current staff, and new employees in the future.

OPHEP Team Members

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